

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P22170** (5)
1. Corporation Name
UNIFORCE SERVICES, INC.

Principal Place of Business 1335 JERICHO TURNPIKE NEW HYDE PARK NY 11040-4613	Mailing Address 1335 JERICHO TURNPIKE NEW HYDE PARK NY 11040-4613
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2. Principal Place of Business 21 415 Crossways Park Drive Suite, Apt. #, etc.		2a. Mailing Address 26 415 Crossways Park Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/19/1988	3a. Date of Last Report 03/12/1996
22 City & State 23 Woodbury, NY		27 City & State 28 Woodbury, NY		4. FEI Number 13-1996648	Applied For Not Applicable
24 Zip 11797	25 Country USA	29 Zip 11797	30 Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	


9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCEO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANNING, JOHN	1.2 NAME	
STREET ADDRESS	1335 JERICHO TPKE	1.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP	NEW HYDE PARK NY	1.4 CITY-ST-ZIP	Woodbury, NY 11797
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANISCALCO, ROSEMARY	2.2 NAME	
STREET ADDRESS	1335 JERICHO TPKE	2.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP	NEW HYDE PARK NY	2.4 CITY-ST-ZIP	Woodbury, NY 11797
TITLE	DVT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCARRONE, HARRY	3.2 NAME	
STREET ADDRESS	1335 JERICHO TURNPIKE	3.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP	NEW HYDE PARK NY	3.4 CITY-ST-ZIP	Woodbury, NY 11797
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLER, DIANE J.	4.2 NAME	
STREET ADDRESS	1335 JERICHO TURNPIKE	4.3 STREET ADDRESS	415 Crossways Park Drive
CITY-ST-ZIP	NEW HYDE PARK NY	4.4 CITY-ST-ZIP	Woodbury, NY 11797
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **4/22/97** (516) 437-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)